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FILED
Jan 26, 1999 8:00am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-26-1999 90006 036 *****61.25

DOCUMENT # 741985

1. Corporation Name

FLAGLER PROMENADE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

17TH FL. NORTHBRIDGE CENTRE
 515 N. FLAGLER DRIVE
 WEST PALM BEACH FL 33401

Mailing Address

17TH FL. NORTHBRIDGE CENTRE
 515 N. FLAGLER DRIVE
 WEST PALM BEACH FL 33401



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

03/13/1978

4. FEI Number

59-2071915

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

CIKLIN, ALAN J.
515 N. FLAGLER DR., 17TH FLOOR
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD FOUNTAIN, DONALD R. JR.**
 STREET ADDRESS **107 FLAGLER PROMENADE SOUTH**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE DELETE

NAME **VD BARRY, JAMES**
 STREET ADDRESS **115 FLAGLER PROMENADE N**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE DELETE

NAME **SD CIKLIN, ALAN J.**
 STREET ADDRESS **129 FLAGLER PROMENADE S.**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE DELETE

NAME **TD HEDRICK, DALE**
 STREET ADDRESS **1100 TECHNOLOGY PLACE, SUITE 122**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE DELETE

NAME **PD**
 STREET ADDRESS **107 FLAGLER PROMENADE SOUTH**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED

1-6-99

561 832 5400

CR2E037 (1/98)